

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CLEARY, BRENDA LEWIS

ADDRESS (number and street)

PO BOX 28778

Check if different  
than previously  
reported. (ACC)

RALEIGH

NC

27611

2. FEC IDENTIFICATION NUMBER ▼

C

C00553842

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
05 06 2014in the  
State of

NC

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 01 2014

through

M M / D D / Y Y Y Y  
04 16 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Dixon

Signature of Treasurer

Robert Dixon

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 24 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CLEARY, BRENDA LEWIS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1575.00	16229.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1575.00	16229.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5561.86	7836.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	5561.86	7836.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18292.67	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	10000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

**CLEARY, BRENDA LEWIS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

850.00

6825.00

**(ii) Unitemized.....**

725.00

6720.50

**(iii) TOTAL of contributions from individuals ▶**

1575.00

13545.50

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

2684.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

1575.00

16229.50

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

5000.00

10000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

5000.00

10000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

6575.00

26229.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5561.86	7836.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	100.00	100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5661.86	7936.83

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17379.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6575.00
25. SUBTOTAL (add Line 23 and Line 24).....	23954.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5661.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18292.67

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CLEARY, BRENDA LEWIS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ActBlue Technical Services</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address P.O. Box 382110			<b>Transaction ID : SA11AI.4451</b>	
City	State	Zip Code		
Cambridge	MA	02238-2110		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 470.64	
Name of Employer		Occupation	received these funds via ActBlue. Total earmarked through conduit. PAC limit not affected. <b>[MEMO ITEM]</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 470.64		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ActBlue Technical Services</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2014	
Mailing Address P.O. Box 382110			<b>Transaction ID : SA11AI.4447</b>	
City	State	Zip Code		
Cambridge	MA	02238-2110		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 336.17	
Name of Employer		Occupation	received these funds via ActBlue. Total earmarked through conduit. PAC limit not affected. <b>[MEMO ITEM]</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 806.81		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ActBlue Technical Services</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address P.O. Box 382110			<b>Transaction ID : SA11AI.4448</b>	
City	State	Zip Code		
Cambridge	MA	02238-2110		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 153.67	
Name of Employer		Occupation	received these funds via ActBlue. Total earmarked through conduit. PAC limit not affected. <b>[MEMO ITEM]</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 960.48		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			0.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CLEARY, BRENDA LEWIS**

Full Name (Last, First, Middle Initial)

**Barbara S Akinwole**

Mailing Address 2183 Forest View Circle

City

Leland

State

NC

Zip Code

28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 12 / 2014

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

250.00

check

Full Name (Last, First, Middle Initial)

**James Brassard**

Mailing Address 4701 Ramsgate Lane

City

Bowie

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christain Community Presby. Ch

Occupation

pastor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2014

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**Anne C Dahle**

Mailing Address 3227 Birnamwood Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 13 / 2014

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CLEARY, BRENDA LEWIS**

Full Name (Last, First, Middle Initial)

**Melissa Fitzpatrick**

Mailing Address 909 Bayberry Drive

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing federal political committee.

C

Name of Employer

Hill-Rom

Occupation

RN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 03 / 2014

Transaction ID : SA11Al.4438

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

**CLEARY, BRENDA LEWIS**

Full Name (Last, First, Middle Initial)

**CLEARY, BRENDA LEWIS**

Mailing Address PO BOX 28778

City

RALEIGH

State

NC

Zip Code

27611

FEC ID number of contributing  
federal political committee.**C** C00553842

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : SA13A.4442

Amount of Each Receipt this Period

5000.00

candidate loan

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLEARY, BRENDA LEWIS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

**CLEARY, BRENDA LEWIS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2104

☒ Primary ☐ General  
☐ Other (specify)

State: NC District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

19.36
-------

Transaction ID : SB17.4444

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

**CLEARY, BRENDA LEWIS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

13.83
-------

Transaction ID : SB17.4446

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

**CLEARY, BRENDA LEWIS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

6.33
------

Transaction ID : SB17.4445

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

39.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CLEARY, BRENDA LEWIS**

Full Name (Last, First, Middle Initial)

**A. JVA Campaigns**

Mailing Address 240 N 5th St Suite 360

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

City	State	Zip Code
Columbus	OH	43215

Amount of Each Disbursement this Period

Purpose of Disbursement  
campaign signs

006

5459.00

Transaction ID : SB17.4471

Candidate Name

**CLEARY, BRENDA LEWIS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC

District: 13

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

5459.00

**TOTAL** This Period (last page this line number only).....

5498.52



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 12 OF 13

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

CLEARY, BRENDA LEWIS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CLEARY, BRENDA LEWIS

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 28778

City

State

ZIP Code

RALEIGH

NC

27611

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
03 / 31 / 2014M M / D D / Y Y  
/ / /D D / Y Y / Y Y  
12/31/2014Y Y / Y Y / Y Y  
/ / /

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 13 OF 13

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4442

CLEARY, BRENDA LEWIS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CLEARY, BRENDA LEWIS

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 28778

City

State

ZIP Code

RALEIGH

NC

27611

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
04 / 14 / 2014M M / D D / Y Y  
12/31/2016Y Y Y Y Y Y  
12/31/2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.